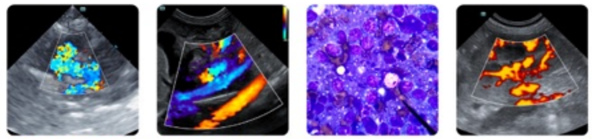


PATIENT
Luna McGary

SPECIES
Canine

BREED
Rottweiler

SEX
Spayed female

AGE
9 years

WEIGHT
90 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Smatt

HOSPITAL NAME
The Pets I Love

REFERRING VET
Dr. Smatt

INVOICE
77852

DATE
5/21/26

PRESENTING CLINICAL SIGNS

History: Patient has been losing a large amount of weight for the last couple of months. Patient still is eating WNL. There has been chronic diarrhea for weeks. Top differentials: Neoplasia vs Intestinal disease.
Abnormal PE/Chem/CBC/UA Results: O declined.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.5 cm. The left kidney measured 7.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

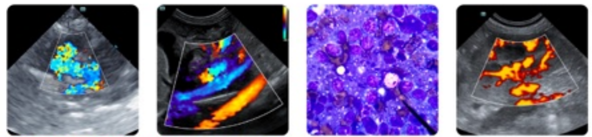
The **spleen** was enlarged with subtle micronodular changes.

Liver

The **liver** revealed increased portal markings. The gallbladder and common bile duct were unremarkable. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The distal small intestine revealed variable thickening with loss of mural detail and reactive surrounding mesentery. The region measured 4-5 cm. Some stasis was noted in the small intestine.



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Pancreas

The **pancreas** was largely unremarkable.

Free Abdomen

A cystic and irregular 3.0 cm lymph node was noted in the midabdomen.

Slight areas of free fluid noted.

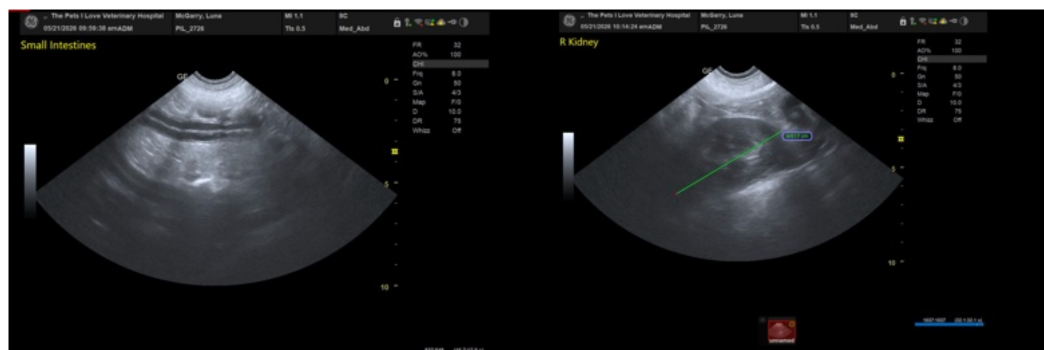
ULTRASONOGRAPHIC FINDINGS

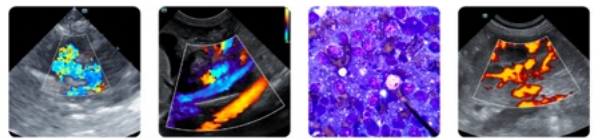
Infiltrative pattern with regional lymphadenopathy.

Slight areas of free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical exploratory in this patient with lymph node removal, resection and anastomosis of abnormal intestine in the region of the reactive mesentery as well as lymph node removal or slight free fluid noted in the abdomen. There is a possibility of early infiltrative disease in the spleen and liver as well. Screening FNA of the spleen and liver as well as abdominocentesis and cytospin as well as FNA, cytology and culture of the cystic lymph node would also be a valid approach. Round cell neoplasia versus intestinal necrosis and perforation with lymphadenitis are all possible. Chest radiographs are warranted if not already performed to ensure that metastatic disease is not an issue. The prognosis is guarded.





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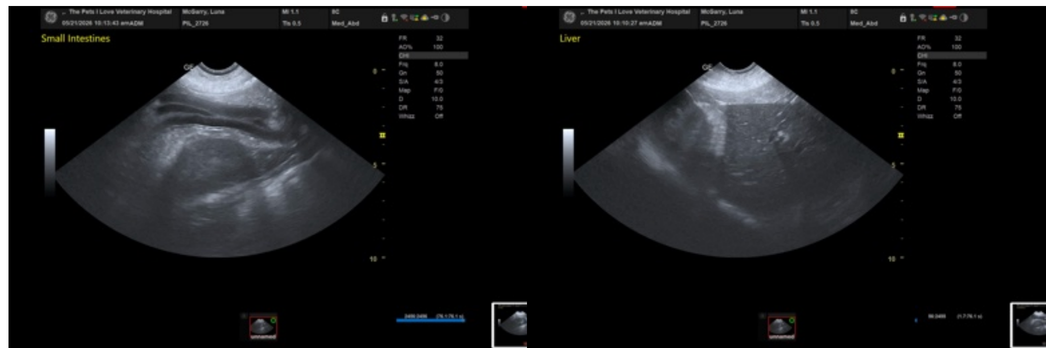

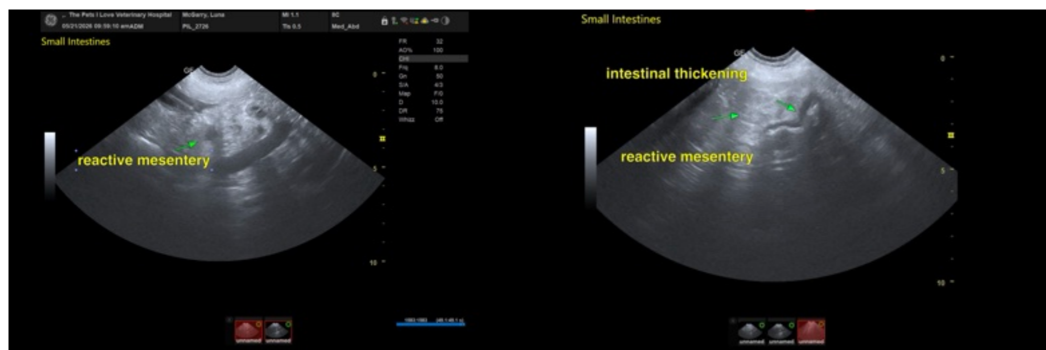

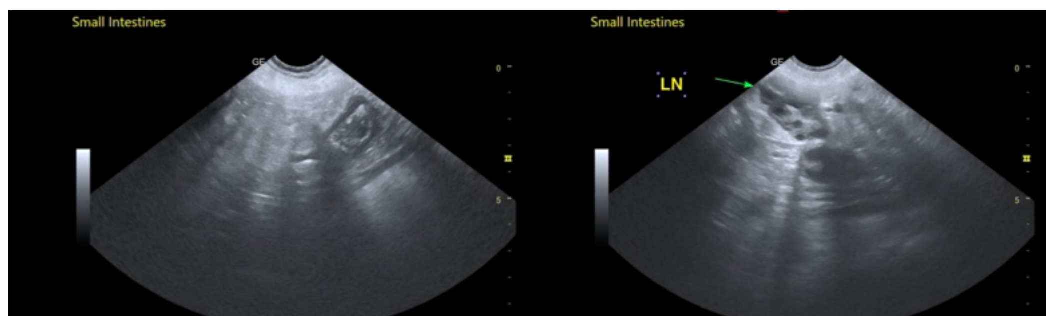

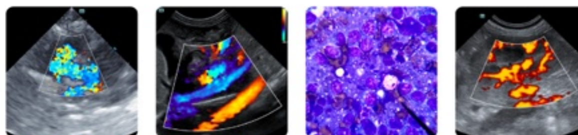

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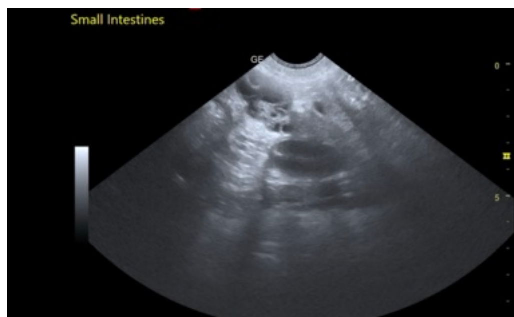

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com